Checklist

**YOUR CLUB/ORGANIZATION ROSTER MUST BE FILED PRIOR TO TRAVEL**
*Consult with your Advisor before submitting the Budget Request Packet.*

- ☐ Club rosters must be submitted to the Council prior to requesting any funds
- ☐ Requests must be approved and signed by the individual club and club advisor prior to being submitted to the Graduate Council for vote
- ☐ Complete Budget Request Worksheet for all proposals
- ☐ Complete Student Organization Travel Proposal *(if applicable)*
- ☐ Complete Extra-Curricular Travel Form *(if applicable)*
- ☐ Complete Airline/Conference Registration Information Form *(if applicable)*
- ☐ Have all participants complete and sign the Waiver for Participation for any requests occurring off-campus
- ☐ Have all participants sign the Travel Reimbursement Agreement *(if applicable)*
- ☐ Once the trip is approved you will meet with the Graduate Student Council Advisor in the Office of Student Development to discuss your event and make necessary reservations – this should be done within 2 weeks of approval
- ☐ If attending a conference, all members of the group must travel via the same transportation mode on the same dates and must stay in the same conference approved hotel, varied travel dates/lodging accommodations will not be approved
  - ☐ If a member of the group is required to attend a pre/post conference event they should complete a separate Budget Request Worksheet and provide documentation supporting the change in dates
- ☐ Discuss transportation options with your Advisor
  - ☐ Complete Vehicle Reservation form *(if applicable)*
    - ☐ Provide copy of Driver’s License
    - ☐ Complete Driver’s License Disclosure
- ☐ Obtain the Off Campus Travel Emergency Guide

**All requests must be submitted to the Council the Tuesday before the Council Meeting for review.**
Trip Coordinator Expectations

The Trip Coordinator may be a club member or a faculty/staff advisor.

- Meet with the Graduate Student Council to discuss details of the trip and to determine his/her responsibilities in planning and implementing the travel plans.
- Meet with members participating in the trip to explain details and that all persons traveling will be subject to the policies of the college and are to conduct themselves in accordance with the Campus Code of Conduct.
- Review the Off Campus Travel Emergency Guide and follow guidelines to address emergencies, including reporting processes.
- Insure that all participants have completed and signed the Waiver for Participation.
- Insure that all participants have signed the Travel Reimbursement Agreement.
- Maintain and keep a copy of all forms that pertain to the trip and which contains a list of emergency contacts for each participant.
- Attend the trip to coordinate trip details.
- Retain all receipts for expenses occurred during travel and submit them to Student Development upon return.

Travel Notes

- Consult with your Advisor before making any travel plans.
- Please allow 8-10 weeks to process travel request.
- Males and females are not allowed to share a room.
- Stockton vehicles are only allowed to be driven by paid College employees.
- Students who are not yet 18 years of age must have a parent/guardian sign a waiver prior to participating in activities that require a waiver.
- Any vendor receiving a check for your trip must be registered in the Banner system.

Paperwork and instructions are available in Student Development.

Quick Tips

- Take advantage of conference early bird registration fees when possible.
- Overestimate flight expenses for your own reference as they change daily.
- For local trips and when pool vehicles are not available, Stockton Auxiliary Services, Inc. (SASI), has a limited number of shuttle vehicles available at an hourly rate.
- October/November and March/April are busy travel months so if your conference is during those times, scheduling a meeting with your advisor as soon as possible.
Graduate Student Council
Budget Request Worksheet

*Attach supporting documentation for ALL funds requested and submit all receipts upon return.*

ORGANIZATION ____________________________

DESTINATION ____________________________ DATE OF EVENT ____________________

PURPOSE OF EVENT ____________________________

TRIP COORDINATOR ____________________________ CONTACT INFORMATION ____________________

FACULTY/STAFF MEMBER ATTENDING ____________________________

(Funding cannot be requested to cover travel expenses for faculty/staff members)

PURPOSE OF FUNDS:

Trip ___________ On-Campus Event ___________ Off-Campus Event ___________ Fundraiser ___________

STUDENTS ATTENDING:

Number of Students Attending ____________________________

Please provide a list of students who will be attending, their Z numbers and phone numbers on a separate sheet of paper and attach to this packet.

Have any of the students already been funded by GSC to attend a conference? Yes No

Are all permission slips/waivers signed and attached? Yes No

If No, please state reason below:

________________________________________________________________________________________

If an open event, what other programs may attend: ____________________________

FUNDING RECEIVED FOR THIS EVENT:

Students have received a Distinguished Graduate Research Fellowship:

Name ____________________________ received $ __________ Name ____________________________ received $ __________

Name ____________________________ received $ __________ Name ____________________________ received $ __________

Name ____________________________ received $ __________ Name ____________________________ received $ __________

Students have received a grant in the amount of $ __________

Our organization is working with another Stockton department ____________________________ and they are able to contribute $ __________

I have fundraised for this event and rose $ __________

Total $ __________

REGISTRATION/ENTRY FEES*:

Number of Students ________ x cost per student $ ________

Number of Students ________ x cost per student $ ________

Total $ __________

Tax $ __________

Total $ __________

*Fees cannot go towards test preparation, social events, personal gain, etc.
HOTEL EXPENSES:
Name of the hotel ____________________________________________________

On a separate sheet attach the names of students who will be rooming together (4 students per room of the same gender).

Number of rooms ___ x cost per room $_______ x number of nights ____
Number of rooms ___ x cost per room $_______ x number of nights ____ Total $______________

TRANSPORTATION EXPENSES:
Charter Bus: ........................................................................................................ Total $________
Stockton Shuttle: .............................................................................................. Total $______
Tolls and Parking Fees: .................................................................................... Total $________
Alternate transportation: .................................................................................. Total $________
AIRFARE: Number of travelers _______ x cost per ticket $________ Total $______________

*The college discourages the use of personal vehicles for student travel.

MEAL EXPENSES:
Do not calculate meals that are included in the cost of registration.

_____ Breakfast(s) @ $________ for ___ travelers = $_______
_____ Lunch(s) @ $________ for ___ travelers = $_______
_____ Dinner(s) @ $________ for ___ travelers = $_______ Total $______________

*Typically, meals are not funded.

GUEST SPEAKERS:
Name of speaker/Event Title________________________________________ Date________
Speaker Fee $__________ Transportation Fee $____________ Food/Beverages $__________
Other (explain) ................................................................................................. $__________
TOTAL AMOUNT REQUESTED ................................................................. Total $__________

OTHER EVENT:
Event Details ____________________________________________________________

Event Date____________________ Event Location ____________________________
TOTAL AMOUNT REQUESTED ..................................................................... Total $__________

Signatures:
Member of Club’s Eboard Signature __________________________ Date ________

As Academic Advisor to this Organization, I have read this request and endorse this proposed activity:
Faculty Advisor Signature __________________________________ Date __________

Graduate Student Council Vote:
For:____________________ Against:____________________ Abstained:____________________
Date:__________________ Passed Denied

As Advisor to the Graduate Student Council, I have read this request and endorse this proposed activity:
Council Advisor Signature ____________________________ Date __________
TRAVEL PROPOSAL

Date(s) of Trip: ____________________________

Club/Organization: ____________________________

Destination: ____________________________

Trip Coordinator: ____________________________

Trip Coordinator Phone/Email: ____________________________

Below please give a brief description of the trip purpose, educational components, and how it is connected to the mission of the club:

For groups that are awarded funding for travel, the group will need to present this information to the Council upon return – In addition the group is asked to share what they have learned through an on campus presentation, applying to present at the Day of Scholarship (if the group is presenting original research), and/ or in an Argo article.

The group intends to present information regarding this travel by: ______________

______________________________

______________________________
**Airline/Conference Registration Information**

Organisation: ____________________________

Travel Destination: ____________________________

Travel Dates: ____________________________

*All students must travel on the same dates.

Students will purchase (#) ______ airline tickets on ____________________________(airline)

*All students must travel on the same airline. Graduate Student Council may fund airline tickets up to $250.00. Students are responsible for any additional costs over the allotted $250.00.

Student Development is requested to purchase (#) ______ airline tickets

<table>
<thead>
<tr>
<th>Student Name as it Appears on License</th>
<th>Student Permanent Address as Appears on License</th>
<th>Student Email Address</th>
<th>Membership Number (If Applicable)</th>
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*Membership Number is for those students that are part of an organization and the membership number would be required for registration to the event.*
OFFICE OF STUDENT DEVELOPMENT

Vehicle Reservation Form

Club/Organization: ________________________________

Purpose of Trip: ________________________________

Advisor/Trip Coordinator: ________________________

Destination (complete address): ____________________

City, State: ___________________________________

Date of Departure: ___________________________ Pick-up Time: ________ am   pm

Date of Return: ________________________________ Drop-off Time: ________ am   pm

Pick-up and Drop off point on campus: ________________________________

Approximate number in group: _____

☐ Stockton Pool Vehicles

Number of vehicles (limit 2): _____

_____ 7 passenger minivan

_____ 9 passenger Chevy Suburban

_____ 15 passenger van*

Driver(s)**: __________________________________________

*15 passenger vehicle drivers must complete an online defensive driving course that can be set up through Sandi Mintz in the Risk Management Office: Sandi.Mintz@stockton.edu or 609-626-3603.

**All drivers must submit a copy of their driver’s license and complete the ANNUAL DRIVER’S LICENSE VERIFICATION AND SELF DISCLOSURE FORM available in the Student Development Office.

☐ Stockton Shuttle

$55 per hour

☐ Chartered Bus

Contact the Graduate Student Council for a quote
### Extra Curricular Travel Form

**THE OFFICE OF STUDENT DEVELOPMENT**

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<tr>
<th>Organization:</th>
<th>Travel Destination:</th>
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<tr>
<td>Purpose:</td>
<td>Travel Dates:</td>
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<td>Trip Coordinator/Advisor (print):</td>
<td>Trip Coordinator/Advisor Cell #:</td>
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<td>Stu Dev Advisor’s Signature:</td>
<td>Stu Dev Advisor’s Contact #:</td>
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FAXED TO CAMPUS POLICE @ 4454 on: __________

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<th>Student's Name</th>
<th>Z#</th>
<th>Student's Cell #</th>
<th>Emergency Contact Name</th>
<th>Relationship</th>
<th>Emergency Contact #</th>
<th>Emergency Contact Email</th>
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Richard Stockton College of New Jersey
Waiver for Participation for Persons Over 18

Location: _________________________________________
Date: __________________________

I, __________________________ (print name) have voluntarily requested permission to participate in the Richard Stockton College (trip) ____________________________________ on (date) __________________________. I have familiarized myself with the program and I believe that I am physically, medically and mentally capable of participating in such activity. If there are any medical or other concerns which might limit my participation in such event, I have advised appropriate personnel of such concerns. I am agreeing of my own free will to participate in this activity and use of any facilities or equipment associated with this event.

I have personally and willingly assumed responsibility of all known and unforeseen risks that may occur arising out my participation in this program. On behalf of myself, and any of my heirs, assigns or successors, I hereby agree to release, indemnify, defend and hold harmless Richard Stockton College of New Jersey and its, officers, agents, servants, Board of Trustees, and employees against any damage, claim, demand, liability, judgment, loss, expense, or costs arising from participation in this event whether due to intentional acts or omissions or negligence of Richard Stockton College or any of its employees, servants or agents or those of third parties or organizations. I acknowledge and agree on behalf of myself, my heirs, assigns or successors, that I am releasing Richard Stockton College of New Jersey from any liabilities in law or equity, however the liability may the arise, for any injuries, fatalities, damages, losses or expenses to myself or my personal property. I agree and consent that any disputes arising out of participation in this activity and any and all claims that I may bring against the State of New Jersey and the Richard Stockton College of New Jersey and their employees as a result of this activity shall be subject to the provisions of the laws of the State of New Jersey, particularly the New Jersey Tort Claims Act (N.J.S.A. 59:1-1 et seq.), New Jersey Contractual Liability Act, (N.J.S.A. 59:13-1 et seq.); the New Jersey Charitable Immunity Act, (N.J.S.A. 2A:53A-7 et seq.) and no other action for monetary damages or other legal or equitable relief shall be brought in any other jurisdiction other than the courts of the State of New Jersey and venued in Atlantic County, the situs of the College. I agree that should any damages arise out of my participation in this program that I am financially responsible.

I certify that I have read this release, I am at least 18 years of age and that by my signature below, I bind myself, my heirs, assigns, administrators, and executors to this agreement.

Date: _________ Signature: ____________________________ Z#: ______________

Printed Name, Address and telephone of number of participant

Name, telephone number and relationship of person traveling to notify in case of emergency

Emergency contact email address
I understand that Stockton will be paying for expenses on my behalf which may include travel, registration and/or entry fees. By signing below, I acknowledge that if I am unable to attend this trip, I agree to reimburse Stockton the full cost of the fees paid on my behalf (except in the event of a documented medical or family emergency). Failure to reimburse Stockton as agreed may result in a hold on my academic records, prohibiting registration, release of grades, etc. until the College has received full reimbursement.

All signatures must be in ink. Witness must be a Stockton Employee.

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<th>Date</th>
<th>Student Name (printed)</th>
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<th>Student Signature</th>
<th>Witness Signature</th>
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